



## Strengths of the HFA Model

Through the use of the 12 Critical Elements, the Healthy Families America (HFA) model allows for flexibility without compromising quality. As long as programs adhere to HFA's best practice standards, family outcomes remain strong. Features that keep the HFA model strong include:

### **Flexibility:**

- **Target population:** Programs may select which families they will serve. Some programs serve first-time parents; others may serve all parents, adolescent parents, tribal families, etc. This flexibility allows programs to meet the specific needs of the community.
- **Child development & parent-child interaction curricula:** Programs may choose evidence-based curriculum to meet the various cultural needs of the families served.
- **Staffing requirements:** Staff qualities include strong interpersonal skills, life experience, education, and the ability to develop healthy relationships with families. Some programs use well-trained paraprofessional staff, others require a college degree, and others use nurses. 80% of HFA staff have some college education.

**Comprehensive Assessment Services:** There is no single known cause of child maltreatment. Child abuse and neglect occurs across all socio-economic, religious, cultural, racial, and ethnic groups. While no definitive precursor has been identified that leads a parent or other caregiver to abuse or neglect a child, research has recognized a number of risk factors, or attributes, commonly associated with maltreatment. HFA utilizes a comprehensive assessment to better understand each family's strengths and needs, including both risk and protective factors, and to identify families that could benefit most from intensive home visiting services.

The assessment process has major advantages for a community. First, it provides an opportunity to systematically reach out to all parents of newborns (or any selected target population) in a welcoming and nonthreatening way. By offering all parents some level of community support, there is no stigma to participation. Second, it provides parents with access to a variety of resources in the community and likewise provides those programs with access to parents best suited to the level of support offered by the particular program. Thus, it supports community service integration and coordination. In many systems, the comprehensive assessment component serves as a single point of entry in partnership with other home visiting or family support programs.

**Creative Outreach:** When parents have experienced trauma in their own childhood or have had past negative experiences with helping organizations, they may find it difficult to openly trust and welcome others into their homes. HFA programs take time to connect with families who have accepted services, yet for a variety of reasons may be uncomfortable immediately availing themselves for home visiting services. Through supervision, program staff determine strategies, uniquely tailored to each individual family, to build a relationship in an effort to engage or re-engage the family.

**Service Intensity:** Services are offered intensely beginning prenatally or at birth, with weekly visits for the 1<sup>st</sup> six months following a baby's birth. Initial service intensity is key to forming a solid working alliance with the parent during the critical newborn period, a time of rapid change for both infant and parents. As families progress, meet their goals, and make positive life changes service intensity is reduced. Inasmuch, home visit frequency is uniquely tailored to each family's ongoing needs.

**Focus on Parent as Well as the Child:** HFA utilizes a holistic family-centered approach. Services are focused on strengthening the parent-child relationship and optimizing child growth and development. Service design also ensures changes over time are measured in the areas of child health and development including cognitive and social-emotional well-being, along with family changes over time in areas of home safety, social connectedness, parenting skills, parenting knowledge, issues of mental health, substance use, financial stability and family cohesion.

**Comprehensive Training:**

- **Assessment:** Intensive training is provided to all program staff that will administer the assessment tool and provide supervisory support. The training focuses on building skills to engage parents in the assessment process, learning how to gather comprehensive information from parents in regard to their strengths and needs using a conversational style, and obtaining guided practice from a certified user to ensure the tool is administered in a standardized and reliable manner.
- **Integrated Strategies for Home Visitors:** Home Visitors Core Training is an in-depth, formalized training intended for home visitors of a Healthy Families America program. Four full days for the home visitor, plus an additional fifth day for supervisors and program managers, the training outlines the specific duties of the home visitor in their role within Healthy Families America. Topics include, but are not limited to: communication skills, assessing, addressing, and promoting positive parent-child relationships, creating a trusting alliance with families, goal setting, and strategies to enhance family functioning, address difficult situations, and ensure healthy childhood development.
- **Distance Learning Modules:** *Affiliated* programs have access to distance learning modules through Healthy Families America's web-based training system. This training covers multiple topics (including infant care, maternal health, child health and development, promoting positive parent child relationships, recognizing and supporting families with issues of mental illness, substance use and partner violence and many other specialized topics) and meets the accreditation requirements for wrap-around training.

**Accreditation:** HFA is the only home visiting program that has developed an accreditation process that ensures the quality of each HFA affiliate through adherence to best practice standards. HFA is a comprehensive model that utilizes all program components for continuous quality improvement. HFA has a comprehensive accreditation process, developed in partnership with the Council on Accreditation (COA) more than 15 years ago. Completion of HFA Accreditation is necessary to maintain both affiliation with the HFA Model and the right to use the Healthy Families America name.

Each program develops its own Self Study which provides the program with an opportunity for internal review of its service delivery and administration against professionally accepted, consensus and research-based national standards. The self-study is the program's opportunity to demonstrate implementation of the standards and serves as both a process and a document. The 2-4 day site visit becomes the program's opportunity to learn if a team of professional objective peer reviewers can validate its self-analysis. The peer reviewers 'translate' their observations into numerical ratings. These ratings provide an assessment in quantitative terms of 160 standards outlined in the HFA Self Assessment Tool. Thus, the validation provided rests upon observable, detailed assessments, reducing the role of subjective judgments in the evaluative process.

**State Systems:** HFA provides training, technical assistance and quality assurance support to individual sites in local communities, while also assisting state systems in building their own infrastructures for in-state advocacy, funding, training, quality assurance, and evaluation. This state systems approach is instrumental to successful, long-term implementation of a statewide home visiting system. HFA has developed standards of best practice to help ensure the highest level of central administrative functioning at the state level.